

FEB 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2323

## 1. PLACE OF DEATH

County Monroe  
 Township Jefferson  
 City Paris, Mo. (No. 2)

Registration District No. 8-B  
 Primary Registration District No. 181A

File No. ....  
 Registered No. ....  
 St. .... Ward

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Miller, Jr.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1918  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Monroe Co.  
 (STATE OR COUNTRY) Missouri

13. NAME Robt. Snell

14. BIRTHPLACE (CITY OR TOWN) Monroe Co.  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Susie Culley

16. BIRTHPLACE (CITY OR TOWN) Paris Co.  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Robt. Snell  
 (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Walnut Grove DATE 1/30

19. UNDERTAKER Speed & Blakey  
 (ADDRESS) Paris, Missouri

20. FILED JAN 29 1937 P. P. Thompson  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1937, to Jan. 29th 1937  
 I last saw her alive on Jan 29th 1937. Death is said to have occurred on the date stated above, at 6:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

acute nephritis and  
nemma  
 Date of onset not known

Other contributory causes of importance: 920

Name of operation none Date of .....  
 What test confirmed diagnosis? gross Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? .....  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Walter S. Christman M. D.

(Address) Paris, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly

130

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Monroe  
Township Jefferson  
City Jefferson (No. \_\_\_\_\_)

Registration District No. 583  
Primary Registration District No. 5781 A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Josephine Marion Miller

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.  
18 1 7

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) (spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS)

20. FILED

Jan 29 1937 R P Thompson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis and  
uremia Caused By  
Ch. Endo-carditis  
Pro. Pyelonephritis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Nellie G. Christman, M. D.

(Address) \_\_\_\_\_

5-2328